

# CITY OF SANDPOINT VACATION RENTAL PERMIT APPLICATION

(PLEASE PRINT OR TYPE)

Date

Owners Name

Owner Address

City  State  Zip Code

Owners 24/7 Phone Number  Is this a renewal application?

email

*For office use only:*

PLANNING DEPARTMENT  
FILE#  
VACATION RENTAL PERMIT #

Business License#

Business Operating Name

Business Address

City  State  Zip Code

## Vacation Rental located at:

Physical Address

This location is in Zone  Number of bedrooms:  Square footage of Vacation Rental:

Do you hold an interest or ownership in any other Tourist Homes in Sandpoint?  If yes what is the address?

Has the subject property passed inspection showing compliance with applicable Fire & Building Codes? \* Inspector is required to be certified by the International Code Council. Attach report.  Date of Inspection

Have you included an AFFIDAVIT OF SERVICE BY MAIL notifying property owners within 200' of your application for a Vacation Rental Permit along with contact phone and name of the local representative?

Name of designated local representative.

Address of designated local representative/owner  
\*Must reside within (20) vehicular miles of City limits.

City  State  Zip Code  24/7 Phone Number

### Return completed forms to:

City of Sandpoint Planning Department  
1123 Lake Street  
Sandpoint, Id 83864

(P) 208.263.3370

www.cityofsandpoint.com

Applicant Initial

1. I acknowledge I have reviewed and agree to abide by, Sandpoint City Code Title 3 Chapter 12 Short Term Rental of Dwelling Unit and Title 3 Chapter 10, Hotel/Motel Occupancy Tax requirements.
2. I understand the property owner shall designate a local representative who permanently resides within twenty (20) vehicular miles of Sandpoint city boundary or a licensed property management company with a physically staffed office within twenty (20) vehicular miles of the Sandpoint city boundary.
3. I understand the property owner or the designated local representative shall maintain a guest and vehicle register for each tenancy of the vacation home rental. The register shall include the names, home addresses and phone numbers of the tenants; the vehicle license plate numbers of all vehicles used by the tenants, and the date of the rental period and the total number of occupants per rental and that failure to maintain or provide the required information to the City upon request constitutes a violation which may result in the revocation of the Vacation Rental Permit.
4. I agree this vacation rental property shall be rented for not less that 2 days with **no more than 1 rental in a 5 day period.**
5. I understand a vacation home rental permit is issued to a specific owner of a dwelling unit and that when the permit holder sells or transfers the real property, the permit will be revoked, requiring the new owner to apply for and receive\* a vacation home rental permit before using the dwelling as a vacation home rental. \* future permits may be denied if any other permits fall within 300' of the subject property boundary.
6. I understand in the event that the Police Department is not able to contact the local representative in a timely manner more than twice during the term of the annual permit, this shall be considered a violation and may subject the permit to revocation in accordance with Section 3-12-5.B.4.
7. I understand I am required to post the Vacation Home Rental Permit within the dwelling , adjacent to the front door.
8. I understand the property owner or the designated local representative shall be required to prominently display and include the current vacation rental unit permit number and authorized maximum occupancy on or in any advertisement appearing in any newspaper, magazine, brochure, television trade paper, Internet website, etc., that promotes the availability or existence of a vacation rental unit.
9. I understand License issuance and continued validity shall be contingent upon the owner's good faith effort to actively engage in the rental of the property. Failure to provide documentation of rental actively for a period greater than twenty-four (24) months shall constitute forfeiture of the license.

Signature of home owner: \_\_\_\_\_

Date: \_\_\_\_\_

		<i>For office use only:</i>	<b>\$125 non-refundable fee attached</b>	<input style="width: 50px; height: 20px;" type="text"/>
Multiple unit ownership?	<input type="checkbox"/>		Payment type:	<input type="checkbox"/> Check <input type="checkbox"/> Cash
Inspection Certificate	<input type="checkbox"/>			
300' Buffer Confirmed	<input type="checkbox"/>			
Notarized 200' Mailing	<input type="checkbox"/>			
Resort Property	<input type="checkbox"/>	Name?		Comments
Copy of Code Provided	<input type="checkbox"/>	_____		_____
Business License #	<input style="width: 100px;" type="text"/>			_____
Previous Revocation?	<input type="checkbox"/>			_____
Issued on _____ by _____				_____